

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
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49							99						
50							100						
TOTAL IND.	3		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	21		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	24		↓		↓		TOTAL CLAIMS	↓		↓		↓	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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